

## Grief and Loss in the school setting: Recent developments in theory and practice

Thursday 24th September 2015

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### Learning outcomes:

At the conclusion of this workshop participants will be able to:

understand grief and loss theory as it impacts upon the lives of children, adolescents and adults

identify the impact and developmental needs of grieving children and adolescents

identify effective strategies when providing support to grieving children and adolescents

### Approaches to Loss and Grief in Schools

- Historically, the focus on grief in schools has been negative, with grief being seen as a problem to be 'cured'.
- Grief has been part of an individual 'illness' orientation, emphasising counselling.
- There has been a steady encroachment of professionals.
- It has focussed on causative factors, vulnerable groups and interventions aimed at improving individuals functioning, often undermining individual and school community restorative processes.

### Approaches to Loss and Grief in Schools

- More recently a more positive approach to loss and grief is to consider protective factors, whole communities and prevention in terms of individual and collective resilience, learned resourcefulness and social determinants of grief support.

### Factors that enhance resiliency

Individual Factors	Environmental Factors
<ul style="list-style-type: none"><li>• Ability to connect</li><li>• Problem solving/coping skills</li><li>• Easy temperament</li><li>• Realistic appraisal of the environment</li><li>• Capacity for humour</li><li>• Sense of purpose or mission in life</li><li>• Intelligence</li><li>• Sense of personal efficacy</li><li>• Capacity for empathy</li><li>• Capacity to self monitor</li><li>• Ability to learn from mistakes</li><li>• Have hobby/creative interest/talent</li><li>• Spiritual beliefs</li></ul>	<ul style="list-style-type: none"><li>• A warm positive relationship with an adult (parent or other)</li><li>• High (but not unrealistic) parental expectations</li><li>• Having family responsibilities</li><li>• Family traditions/rituals</li><li>• Good-enough parenting and supervision</li><li>• A caring and supportive school environment</li><li>• Positive community norms and a sense of caring, commitment and mutual protection</li><li>• Opportunities for involvement</li><li>• Access to resources (people or things)</li><li>• Extended family support</li></ul>

### Contemporary Approaches to Loss and Grief in Schools

The current wave of activity is based upon a number of developments:

- Grief needs to be dealt with within the social context of the school - its people, structures, processes and policies
- Provide sustainable links to community agencies
- An approach that involves all school community members
- Is considered within the wider mental health promotion, suicide and public health fields
- That consider how people's assumptive worlds are challenged by loss experiences and stress the importance of 'meaning' of loss to individuals and communities
- Prevention and postvention strategies associated with good outcomes after disasters

## Contemporary Approaches to Loss and Grief in Schools

An ecological perspective is adopted in the 'new' public health. This involves recognition of people's health being determined by their environment, not merely by identifying risk factors that can be targeted and cured.

This shifts a focus on providing counselling services to individuals and groups, to a focus on **how the school can create conditions conducive to positive mental health outcomes.**

## The Health Promoting School

The World Health Organization framework of comprehensive school-based mental health promotion provides a structure for schools to establish a supportive environment for grief and locate loss and grief in a wider health promotion framework.

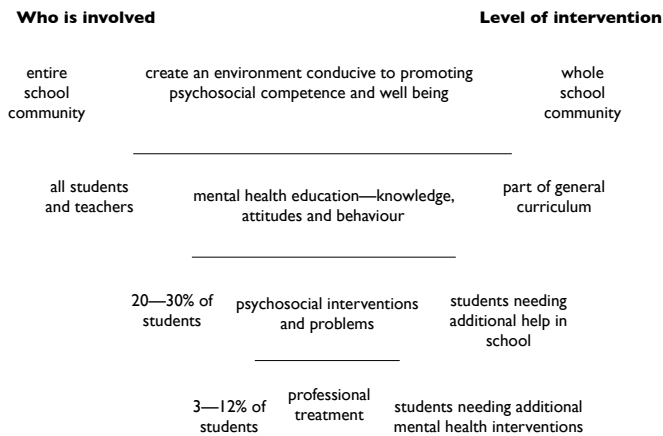


Figure 1. World Health Organization model of school-based mental health promotion

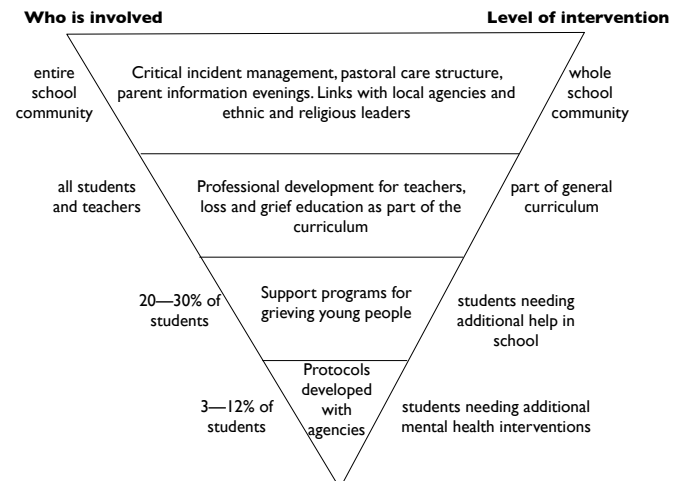


Figure 2. Loss and grief in a school-based mental health promotion framework (Rowling, 2003)

## Loss and grief as a sensitive issue

- The emotionality of the issue, such as embarrassment, distress and questions of privacy;
- The involvement of the individual, including their inner thoughts, behaviours and sense of self;
- The existence of intense and deeply felt personal reactions in parents, young people, teachers and in the wider community;
- The particular social context; and
- The meanings issues have for individuals, as determined by wider political and cultural factors, gender, religious beliefs and personal experiences.

(Rowling, 1994)

## Current approaches to loss and grief

A Health Promoting School framework involves:

1. **A curriculum that is proactive** — loss experiences need to be included as part of existing personal and social and life skills programmes, not just included after a crisis has occurred. This approach facilitates the normalisation of grief through education.

## Current approaches to loss and grief

A Health Promoting School framework involves:

2. **A holistic approach to loss and grief that involves the organisation, ethos and environment of the school.** Policies that provide for the emotional welfare of students; a well developed pastoral care system; clear procedures for referral of students to outside agencies; availability of school based counselling services; and a peer support program. It would also include staff relationships: how the school cares for its staff; the involvement of teachers in the development of policies and procedures; and the relationship between principal and individual staff members. A critical incident management plan and its active support by leaders demonstrates the organization's commitment to the well-being of school community members if a traumatic event occurs.

## Current approaches to loss and grief

A Health Promoting School framework involves:

3. **Partnerships and services should include inter-agency collaboration** for referral for mental health problems, such as for staff traumatised by violence from students, and the involvement of outside bereavement support services, police and community health and social services in the planning and delivery of policies and programmes such as critical incident management. Also included is parent-school liaison; curriculum consultation about loss and grief and the implementation of a critical incident plan. Another aspect of the community outreach could be training for family and friends.

## Common elements of the new approach to grief and bereavement

1. Scepticism about the universal and predictable "emotional pathway" that leads from distress to "recovery". Grief is a more complex process of adapting to loss.

## Common elements of the new approach to grief and bereavement

2. A shift away from the idea that successful grieving requires "letting go" of the one who has died, and toward a recognition of the potentially healthy role of maintaining continued symbolic bonds with the deceased
3. Attention to broadly cognitive processes involved in mourning, adding to the traditional focus on the emotional consequences of loss

## Common elements of the new approach to grief and bereavement

4. Greater awareness of the implications of major loss for the bereaved individual's sense of identity. Grief often produces a deep revision in the bereaved persons sense of self.
5. Increased appreciation of the possibility of life-enhancing "post-traumatic growth" as one integrates the lessons of loss

## Common elements of the new approach to grief and bereavement

6. Broadening the focus of attention to include not only the experience of individual grievers, but also the impact of loss on families and broader cultural groups.

## Grief is...

...our response to loss

a multi-faceted experience:

Feelings  
Physical  
Cognitions  
Behaviour  
Interpersonal  
Spiritual or philosophical

## Different Sorts of Loss

Having children	Loss of bodily function
Adoption	Loss of property through disaster
	Loss of limb
Children growing up	Loss of hearing/eyesight
Children leaving home	
Children getting married	Loss of hair/appearance
	Ageing
Marriage	Becoming parents
Divorce	Loss of relationships
Separation	Loss of community
Death of a pet	Loss of a sense of place
Loss of innocence	Having a child with a disability
Loss of memories/artifacts	
Loss of face	
Loss of security	Rape
Loss of faith	
Moving house, school, work	Unemployment
Theft, burglary	Retirement

## Common Experiences of Grief

### Feelings

sadness	anger	guilt
emptiness	anxiety	loneliness
helplessness	fatigue	shock
yearning	relief	numbness
phobias	panic	confusion
disbelief	irritability	self-reproach
frustration	denial	hopelessness
depression	resentment	resistance

## Common Experiences of Grief

### Thoughts

"Why me?"  
Thoughts of suicide  
"I'll never get over this"  
"I feel so scared and lonely"  
"I can't concentrate"  
"I think I'm going crazy"  
"It's not real"  
"I feel numb"  
Sense of presence  
"I wish it had been me"

## Common Experiences of Grief

### Physical Symptoms

headache  
weight gain/loss  
stomach pain and/or other pain  
empty/aching arms  
constipation  
urinary frequency  
heart palpitations  
menstruation changes  
hypertension, asthma, arthritis etc  
sleep disturbance

## Common Experiences of Grief

### Behaviours

crying  
sleep difficulties  
social withdrawal  
dreams of deceased  
chemical use  
acting out feelings  
change in desire for sex  
difficulty concentrating  
loss of interest in world events, work or social activities

## Tears

20% of bouts of crying last longer than 30 minutes. 8% for longer than an hour.

77% of crying takes place at home,  
15% at work or in the car.

40% of people weep alone.

47 is the average number of  
times a woman cries each year  
7 is the number for a man.

88.8% of people feel better after a cry.

Emotional tears contain enkephalin, an  
endorphin and natural pain killer and higher  
concentrations of the stress hormone  
prolactin.

## Common Experiences of Grief

### Spirituality

Questioning previous spiritual and/or religious beliefs

Finding meaning through them

Reworking of philosophical beliefs

What is life really about?

How do I make sense of this?

### Health Problems Problems: Prevalences

Stroebe, M., Stroebe, M., Schut & Stroebe (2007) *The Lancet*

Health problems/disorder	Subgroup	Prevalence
Physical health difficulties (severe)	Young widow/ers	• 20% (4-6 mths.) • 12% (after 2 yr.) • cf 3% married
Psychiatric disorders 1. PTSD	Partners	1st two years: • 50% at 1 of 4 times • 9% all 4 times • cf 3% married
Psychiatric disorders 2. Clinical depression	Widow/ers	2 mths after the death • 24-30% After 1 year: • 16%
Complicated grief	Widow/ers	• 5-33% acute grief period

### To Summarize: Health Consequences of Bereavement

Despite “resilience”:

- Period of intense suffering for the majority of people

### To Summarize: Health Consequences of Bereavement

Despite “resilience”:

- Period of intense suffering for the majority of people
- Increased vulnerability: risk of mental & physical health detriments for some
- Adjustment can take months or even years
- Substantial individual & cultural variation in reactions
- For a few, mental and/or physical ill-health is extreme and persistent

Images:  
[www.grief.org.au/docs/storm.pdf](http://www.grief.org.au/docs/storm.pdf)

Article describing the  
Normal Grief Storm:  
[www.grief.org.au/docs/grief\\_storm.pdf](http://www.grief.org.au/docs/grief_storm.pdf)

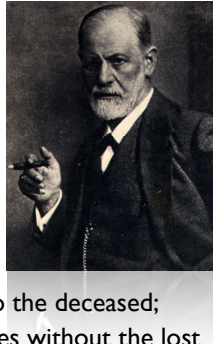
Graham Fulton  
September, 1989

## Sigmund Freud

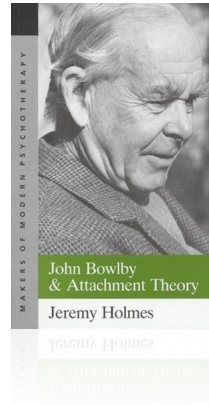
Views mainly found in  
*Mourning and melancholia* (1917)

Grief work untying the ties that bind,  
internal rearrangement. Three main  
tasks:

1. Freeing the bereaved from bondage to the deceased;
2. Readjustment to new life circumstances without the lost person;
3. Building new relationships.



## Attachment Theory John Bowlby



We are naturally motivated to  
develop and maintain attachments  
to others for whom we provide  
and from whom we receive care.

Attachments behavioural system  
lasts "from cradle to the grave".

Caregiving behavioural system as  
important to adults as  
attachment is to children.

## Attachment Theory

Attachments vary in:

Strength  
Security

Two primary functions:

Safe haven in times of  
stress  
Secure base from which to  
explore the world

Give rise to "working models"  
of close relationships stored in  
memory



## Bowlby Attachment Theory Basic Concepts

Infants are born with a repertoire of behaviours  
(*attachment behaviours*) aimed at seeking and  
maintaining proximity to supportive others  
(*attachment figures*).

Proximity seeking is an inborn affect-regulation  
device (*primary attachment strategy*) designed to  
protect an individual from physical and  
psychological threats and to alleviate distress

Successful accomplishment of these affect-  
regulation functions results in a sense of  
*attachment security*

## Research on Adult Attachment Style

*Attachment style* – the systematic pattern of  
relational expectations, emotions, and  
behaviours that results from a particular  
history of attachment experiences

## Hazan and Shaver's (1987) Adult Attachment Style Prototypes

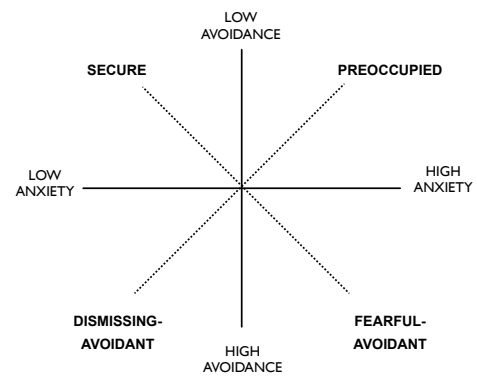
**Instructions:** Think back across your history of  
romantic, or love relationships and choose the  
best overall self-description from the following  
three statements:

\_\_\_\_\_ I find it relatively easy to get close to others and am comfortable depending on them. I don't often worry about being abandoned or about someone getting too close to me.  
(**Secure, ~ 55%**)

\_\_\_\_\_ I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to get very close to my partner, and this sometimes scares people away.  
(**Anxious, ~ 20%**)

\_\_\_\_\_ I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being.  
(**Avoidant, ~ 25%**)

### Attachment Styles in Adulthood: Not Types, But Regions in a Two-Dimensional Space



Adapted from Fraley & Shaver (2000)

### Individual Differences in Continuing Attachment

Mikulincer and Florian (1996) reported that **anxiously attached** persons reported the strongest attachment to their ex-spouses (e.g., frequent contacts, high levels of perceived intimacy)

**Avoidant persons** reported the strongest tendency to forget and detach, in line their attempts to dismiss the importance of lost relationships.

**Securely attached** persons reported a more balanced pattern of attachment and detachment feelings toward their ex-spouses

### Bowlby Attachment Theory: Individual Differences

Interactions with attachment figures who are responsive in times of need promote a sense of attachment security and lead to the formation of *positive working models* of the self and others.

When attachment figures are not supportive, a sense of security is not attained, *negative working models* are formed, and other strategies of affect regulation are adopted.

### Attachment Theory

#### Securely attached children:

tend to develop *working models* of relationships in which others are viewed as available and dependable, and the self is viewed as resourceful and resilient.

**Insecurely attached children (those with anxious, ambivalent attachments, often as a response to parental undependability, loss, neglect or abuse):** tend to develop *working models* of relationships as precarious or dangerous and corresponding patterns of dependency or compulsive self-reliance.

### Implications of Attachment Theory for Care of Grieving People

- It is never too late to learn
- Attachments are about survival - hence they are hard to change.
- So, create a Secure Base – Person & Place
- See world through client's eyes (Empathy) But do not let this blind you to their misperceptions of the world.

## Implications of Attachment Theory for Care of Grieving People

- Avoidant may need permission/reassurance to grieve. Grief puts us in touch with the treasures of our past.
- Clingers may need permission/reassurance to stop grieving – grief is not a duty to the dead

## Implications of Attachment Theory for Care of Grieving People

- We all have an attachment history.
- How does that influence our perception of our clients?
- We all need Supervisors.
- We need to support each other.

### Elisabeth Kübler-Ross (1969)

Interviewed dying patients in hospital.

Exposed neglect and isolation.  
Author of *On Death and Dying*.

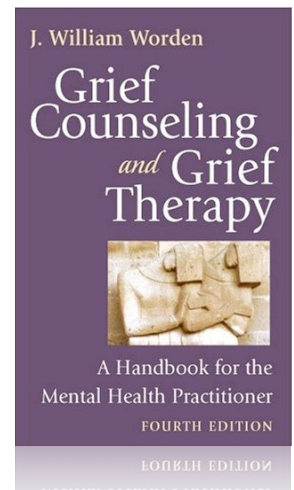
Adapted from Bowlby via Parkes, Kübler-Ross conceptualised “The Five stages of receiving catastrophic news” (anticipatory grief).

Mutated into “The five Stages of Grief”.



### William Worden

*Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* (2009) - 4th Ed.



## Mediators of Mourning

### 1. Who the person who died was

### 2. Nature of the attachment (Relationship Factors)

Strength of Attachment  
Security of Attachment  
Ambivalent Relationship  
Conflicts with the deceased  
Dependent relationships

## Mediators of Mourning

### 3. How the person died

Proximity  
Suddenness or unexpectedness  
Violent/traumatic deaths  
Multiple losses  
Preventable deaths  
Ambiguous deaths  
Stigmatised deaths



## Mediators of Mourning

### 4. Historical Antecedents

What Has Gone On Before  
How Was It Dealt With

### 5. Personality Variables

Age and Gender  
Coping Style  
Attachment Style  
Cognitive Style

## Mediators of Mourning

### 5. Personality Variables (cont.)

Self-Esteem and Self-Efficacy  
Assumptive World: Beliefs and Values

### 6. Social Mediators

Support Satisfaction  
Social Role Involvements  
Religious Resources and Ethnic Expectations

## Mediators of Mourning

### 7. Concurrent Stresses

(Accumulative Stressors)  
Financial Difficulties  
Life Change Events, Job Loss etc.

## Tasks of Mourning

1. To accept the reality of the loss
2. To process the pain of grief
3. To adjust to a world without the deceased
  - External adjustments
  - Internal adjustments
  - Spiritual adjustments

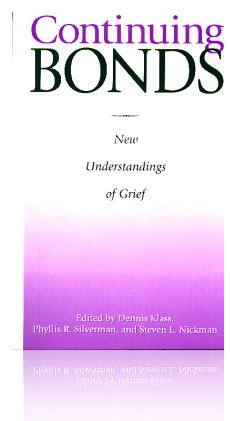
## Tasks of Mourning

1. To accept the reality of the loss
2. To process the pain of grief
3. To adjust to a world without the deceased
4. To find an enduring connection with the deceased in the midst of embarking on a new life

(Worden, 2009, pp. 39-53)

Klass, Silverman &  
Nickman (1996)

Identify a key process  
of grieving as the need  
to establish and  
maintain continuing  
bonds with the  
deceased or absent  
person.



## Dennis Klass (1996)

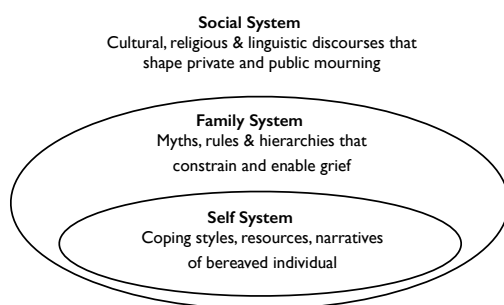
Editor of *Continuing Bonds: New understandings of grief*.

“...challenges the idea that the purpose of grief is to sever the bonds with the deceased in order for the survivor to be free to make new attachments and to construct a new identity. The resolution of grief **involves continuing bonds that survivors maintain with the deceased and that these continuing bonds can be a healthy part of the survivor's ongoing life**”. (p. 22)

## Roles of the deceased

Role model  
Situation-specific guidance  
Values clarification  
Remembrance formation

## Systemic Contexts of Grieving



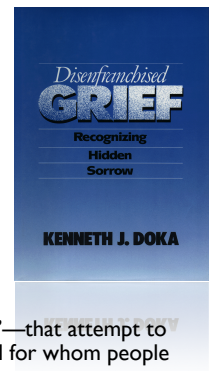
## Disenfranchised Grief

Grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported.

The concept of disenfranchised grief recognises that societies

have sets of norms—in effect, “grieving rules”—that attempt to specify who, when, where, how, how long, and for whom people should grieve.

(Doka, 1989, p. 4)



## Typology of Disenfranchised Grief

There are five broad types of losses which are disenfranchised. They are neither exclusive or exhaustive:

1. The relationship is not recognised
2. The loss is not acknowledged
3. The griever is excluded
4. Circumstances of the death
5. Ways individuals grieve

(Doka, 2002, p. 10-17)

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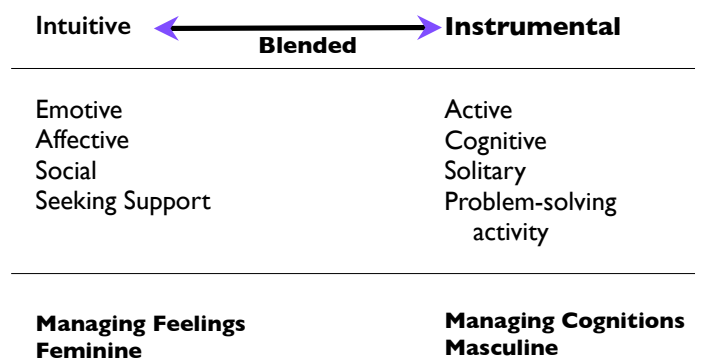
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## Styles of Grieving



(Martin & Doka, 2000)

## Ways individuals grieve

The counselling community tends to disenfranchise instrumental grievers, suspicious of the lack of a strong affective response.

The larger community disenfranchises grievers instrumental grievers early in the grieving process, when affective displays are expected, and intuitive grievers later in the grieving process, when affective responses are considered less appropriate.

## Personal Grieving Styles

How do you grieve?  
What is your public and private face of grief?  
What helps?  
What makes the situation worse?

## Changing Lives of Older Couples (CLOC) study

Used longitudinal, prospective data from the Changing Lives of Older Couples (CLOC) study. 1,532 married individuals in Detroit, USA. This study used 118.

Looked at data on average 3 years prior to the death of a spouse and again 6 and 18 months after the spouse's death.



Figure 1. Patterns of depression from preloss to 18-months post-loss



Figure 2. Patterns of depression from preloss to 18-months post-loss

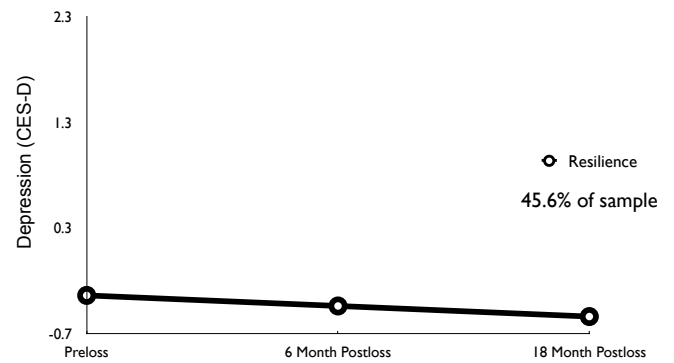


Figure 3. Patterns of depression from preloss to 18-months post-loss

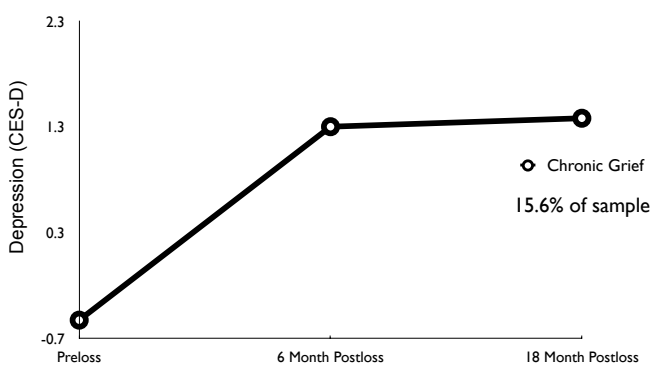


Figure 4. Patterns of depression from preloss to 18-months post-loss

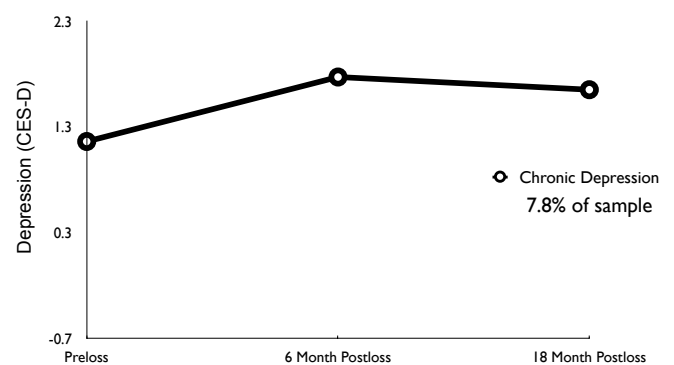


Figure 5. Patterns of depression from preloss to 18-months post-loss

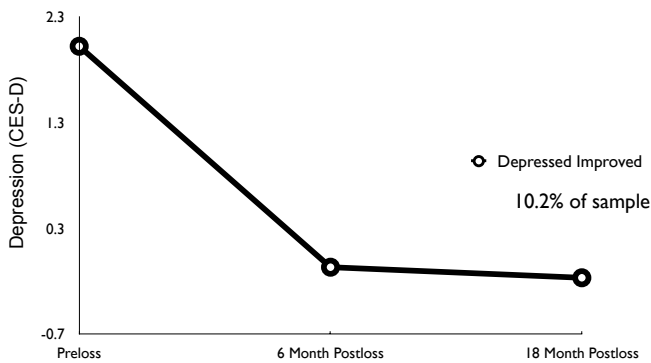
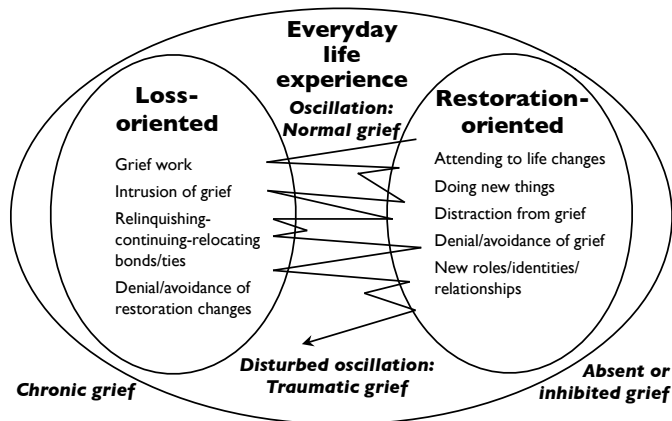


Figure 6. Patterns of depression from preloss to 18-months post-loss

## Other Findings

- “...individuals who were not depressed prior to loss but have acute and enduring grief reactions should focus on fostering the processing and the construction of new meanings around the loss” (p. 269).
- “...among respondents with enduring depression, interventions should perhaps focus on bolstering these individuals’ self-esteem and assisting them in dealing with the day-to-day strains associated with widowhood” (p. 269).



**Figure 1**  
Dual Process Model of Coping with Bereavement: Normal & Complicated Grief